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MS AF U.S. Patent and Trademark Office	571-273-8300	

FROM: Michael R. Ward
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DATE: December 7, 2005

Number of pages with cover page:	6	
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RE: U.S. Patent Application Serial No. 09/623,533
For: LONG LASTING FUSION PEPTIDE
By: Dominique P. BRIDON et al.
Examiner: J. Parkin
Group Art Unit: 1648
Our Reference: 50086-20015.20

ATTACHED DOCUMENTS:

1. Transmittal (1 page)
2. Fee Transmittal (in duplicate - 2 pages)
3. Request for Extension of Time (1 page)
4. Notice of Appeal (1 page)

COMMENTS:

Please see attached documents. Thank you.

sf-2046511

IFW did not receive page 4 of 6

JH

PTO/BB/21 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031

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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	09/623,533
		Filing Date	September 5, 2000
		First Named Inventor	Dominique P. BRIDON
		Art Unit	1648
		Examiner Name	J. Parkin
Total Number of Pages in This Submission	5	Attorney Docket Number	500862001520

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form - in duplicate, 2 pgs. <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) - 1 pg. <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Fax Coversheet
Remarks		

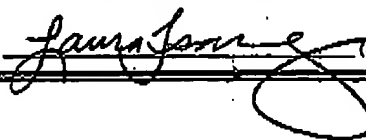
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)		
Signature			
Printed name	Michael R. Ward		
Date	December 7, 2005	Reg. No.	38,651

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office to fax no. 571-273-8300, on the date shown below.

Dated: December 7, 2005

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(Laura Tseng)

sf-2046343

PTO/BB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known					
FEE TRANSMITTAL For FY 2005		Application Number	09/823,533				
		Filing Date	September 5, 2000				
		First Named Inventor	Dominique P. BRIDON				
		Examiner Name	J. Parkin				
		Art Unit	1648				
		Attorney Docket No.	600862001520				
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		RECEIVED CENTRAL FAX CENTER DEC 07 2005					
TOTAL AMOUNT OF PAYMENT (\$)		760.00					
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>03-1952</u> Deposit Account Name: <u>Morrison & Foerster LLP</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fees Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	
15	-20 = 0	25.00	0.00				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
2	-4 = 0	100.00	0.00				
3. APPLICATION SIZE FEE							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
	-100 =	150					
4. OTHER FEE(S)							
	Fees Paid (\$)						
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):							
Notice of appeal	250.00						
Request for Three Month of Extension of Time	510.00						
SUBMITTED BY							
Signature	<i>Michael R. Ward</i>	Registration No. (Attorney/Agent)	38,651	Telephone	(415) 268-6237		
Name (Print/Type)	Michael R. Ward	Date	December 7, 2005				

sf-2048344